MILWAUKEE CO MHC REHABILITATION - C - IMD

9455 WATERTOWN PLANK ROAD

MI LWAUKEE 53226 Ownership: Phone: (414) 257-7484 County Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled - IMD Operate in Conjunction with Hospital? Yes Operate in Conjunction with CBRF? Number of Beds Set Up and Staffed (12/31/01): 72 Title 18 (Medicare) Certified? No Total Licensed Bed Capacity (12/31/01): 72 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 70 Average Daily Census: 71

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	31. 4
Supp. Home Care-Personal Care	No N-	D1+-1 Dibiliti-	0.0	II	70.0	1 - 4 Years	28. 6
Supp. Home Care-Household Services		Developmental Disabilities	0.0	Under 65	78. 6	More Than 4 Years	40. 0
Day Services	No	Mental Illness (0rg./Psy)	11.4	65 - 74	14. 3		100.0
Respite Care	No	Mental Illness (Other)	85. 7	75 - 84	7. 1		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	0.0	********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	0. 0	95 & Over	0.0	Full-Time Equivaler	it
Congregate Meals	No	Cancer	0. 0	İ	j	Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	0.0		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	0.0	65 & 0ver	21. 4		
Transportation	No	Cerebrovascul ar	2. 9	·		RNs	31.0
Referral Service	No	Di abetes	0. 0	Sex	%	LPNs	4. 2
Other Services	No	Respi ratory	0.0		Ì	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	0. 0	Male	72.9	Aides, & Orderlies	50. 9
Mentally Ill	Yes			Female	27. 1		
Provi de Day Programming for			100. 0		j		
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

		ledicare litle 18			edicaid itle 19			0ther			Pri vate Pay			amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0
Skilled Care	0	0.0	0	13	86. 7	112	43	79. 6	272	1	100.0	272	0	0.0	0	0	0.0	0	57	81. 4
Intermediate				2	13. 3	93	11	20. 4	227	0	0.0	0	0	0.0	0	0	0.0	0	13	18. 6
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		15	100. 0		54	100. 0		1	100.0		0	0.0		0	0.0		70	100.0

County: Milwaukee MILWAUKEE CO MHC REHABILITATION - C - IMD

Admi ssi ons, Di scharges, and		Percent Distribution	of Residents'	Conditions.	Services, and	d Activities as of 12/	31/01
Deaths During Reporting Period		1					
beachs builing Reporting Terrou		1		0/ No.	dina		Total
D			0/	% Nee		0/ 57 . 11	
Percent Admissions from:		Activities of	%	Assi sta		<i>J</i>	Number of
Private Home/No Home Health	0. 0	Daily Living (ADL)	Independent	One Or T	'wo Staff	Dependent 1	Resi dents
Private Home/With Home Health	0.0	Bathi ng	47. 1	44	l. 3	8. 6	70
Other Nursing Homes	3. 3	Dressing	65. 7	31	. 4	2. 9	70
Acute Care Hospitals	10.0	Transferring	87. 1	12	2. 9	0. 0	70
Psych. HospMR/DD Facilities	86. 7	Toilet Use	74. 3	21	. 4	4. 3	70
Reĥabilitation Hospitals	0.0	Eati ng	72. 9	22	2. 9	4. 3	70
Other Locations	0.0	****************	******	*******	**********	*******	*****
Total Number of Admissions	30	Continence		% Spe	cial Treatment	cs .	%
Percent Discharges To:		Indwelling Or Externa	ıl Catheter	0.0	eceiving Respi	ratory Care	0.0
Private Home/No Home Health	13. 3	Occ/Freq. Incontinent	of Bladder	25. 7 F	ecei vi ng Trach	neostomy Care	0.0
Private Home/With Home Health	10.0	Occ/Freq. Incontinent	of Bowel	15. 7 R	eceiving Sucti	oni ng	0. 0
Other Nursing Homes	16. 7	<u>-</u>		F	eceiving Oston	ny Care	0. 0
Acute Care Hospitals	3. 3	Mobility		F	ecei vi ng Tube	Feedi ng	2. 9
Psych. HospMR/DD Facilities	0.0	Physically Restrained	l	1.4 F	eceiving Mecha	nically Altered Diets	100. 0
Rehabilitation Hospitals	0. 0	i ja sa g			8	j iii iii iii ii ii ii ii ii ii ii ii ii	
Other Locations	56. 7	Skin Care		0+1	er Resident Ch	naracteri sti cs	
Deaths	0. 0	With Pressure Sores			lave Advance Di		1. 4
Total Number of Discharges	0. 0	With Rashes			lications	10001105	1. 1
	20	With Masiles				anativa Dunga	100.0
(Including Deaths)	30	l		ŀ	eceiving Psych	noactive Drugs	100. 0

	Thi s	Other H	lospi tal -		Al l
	Facility Based Facilities		Fa	cilties	
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	98. 6	88. 1	1. 12	84. 6	1. 17
Current Residents from In-County	94. 3	83. 9	1. 12	77. 0	1. 22
Admissions from In-County, Still Residing	66. 7	14. 8	4. 50	20. 8	3. 20
Admissions/Average Daily Census	42. 3	202. 6	0. 21	128. 9	0. 33
Discharges/Average Daily Census	42. 3	203. 2	0. 21	130. 0	0. 32
Discharges To Private Residence/Average Daily Census	9. 9	106. 2	0.09	52. 8	0. 19
Residents Receiving Skilled Care	81. 4	92. 9	0. 88	85. 3	0. 95
Residents Aged 65 and Older	21. 4	91. 2	0. 23	87. 5	0. 24
Title 19 (Medicaid) Funded Residents	21. 4	66. 3	0. 32	68. 7	0. 31
Private Pay Funded Residents	1. 4	22. 9	0.06	22. 0	0.06
Developmentally Disabled Residents	0.0	1. 6	0.00	7. 6	0.00
Mentally Ill Residents	97. 1	31. 3	3. 10	33. 8	2. 88
General Medical Service Residents	0. 0	20. 4	0.00	19. 4	0.00
Impaired ADL (Mean)*	17. 7	49. 9	0. 35	49. 3	0. 36
Psychological Problems	100. 0	53. 6	1. 87	51. 9	1. 93
Nursing Care Required (Mean)*	14. 6	7. 9	1. 85	7. 3	2.00